

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b style="font-size: 1.2em;">FEE TRANSMITTAL <b style="font-size: 1.2em;">For FY 2009		Application Number	10/589,399-Conf. #7126
		Filing Date	August 14, 2006
		First Named Inventor	Guo-Quan LU
		Examiner Name	Y. Takeuchi
		Art Unit	1793
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	124617.0118
TOTAL AMOUNT OF PAYMENT (\$) 405.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>23-2185</u> Deposit Account Name <u>Blank Rome LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
							Small Entity Fee (\$) 52 26 220 110 390 195
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)		Small Entity Fee (\$)				
Each claim over 20 (including Reissues)					52 26		
Each independent claim over 3 (including Reissues)					220 110		
Multiple dependent claims					390 195		

Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)
- 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
- 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fees Paid (\$)			
- 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>2801 Request for continued examination (RCE) (see 37 ...</u> <u>405.00</u>			

SUBMITTED BY			
Signature	/Michael C. Greenbaum/	Registration No. (Attorney/Agent)	28,419
Name (Print/Type)	Michael C. Greenbaum	Telephone	(202) 772-5800
		Date	April 20, 2010

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Date: April 20, 2010 Electronic Signature for Michael C. Greenbaum: /Michael C. Greenbaum/